

HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

(To be filed by organizations, employing organizations and individuals
other than registered lobbyists)

FORM ORG

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HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

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For lobbying reporting period:	Contact person	<u>Colleen Kauhane</u>	Phone	<u>536-5454</u>
<input type="checkbox"/> January 1 - last day of February	Organization	<u>Plumbers & Fitters Union Local 675</u>		
<input type="checkbox"/> March 1 - April 30	Mailing Address	<u>1109 Bethel Street--Lower Level</u>		
<input checked="" type="checkbox"/> May 1 - December 31		<u>Honolulu, HI</u>	<u>96813</u>	
Year of Report 20 <u>06</u>				

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement
period was: \$ 10,727.00

EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials		7. Entertainment	
2. Media advertising		8. Food & beverages	
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage		10. Loans	
5. Compensation paid to lobbyists		11. Other disbursements	
	\$10,727.00	TOTAL EXPENDITURES	\$ 10,727.00
6. Fees (other than to lobbyists)			

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Vernon Ta'a	1109 Bethel Street--Lower Level Honolulu, HI 96813	\$ 10,727.00

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

- ☒ This section is not applicable
- ☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

- ☒ This section is not applicable
- ☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

- ☒ This section is not applicable
- ☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

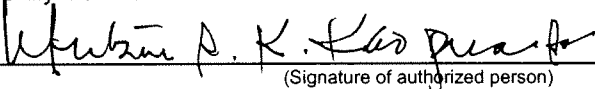
Name & Address	Amount or value

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input checked="" type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | |

I hereby certify that the statements made above are correct and complete to the best of my knowledge


(Signature of authorized person)

1/26/07
(Date)

Name of authorized person (type or print) Herbert S.K. Kaopua Sr.

Title of authorized person Business Manager/Financial Secretary